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## Memorandum

C.L. "BUTCH" OTTER - Governor

RICHARD M. ARMSTRONG - Director

To: All Medicaid Developmental Disability Agency (DDA) Adult Service Providers, and

**DD Adult Targeted Service Coordination Providers** 

Subject: DDA Provider Instructions -Adult Developmental Therapy Blended Rates

Implementing July 1, 2011

The Information Release #MA11-09 announces that effective July 1, 2011, in compliance with House Bill 260-Section 9, the Department will implement blended rates for developmental therapy (DT) for Adults.

Blending the rate involves the removal of the individual and group designation. The rate for Home and Community Based DT services (group and individual) will be blended to a single reimbursement rate of \$3.34/unit and the rate for Center Based DT services (group and individual) will be blended to a single reimbursement rate of \$3.02/unit. These rate changes will be automatically modified in the claims system for claim dates of service beginning on July 1, 2011. Blended rates will be used for all existing DT prior authorizations (PAs) regardless of whether individual or group PAs are being used when submitting claims.

#### **Prior Authorizations**

Providers will not be required to request addendums to facilitate this change, and will use the existing prior authorization available through its end date, or until exhausted. New service plans will not utilize procedure code modifiers. (See below)

- You may submit claims for any type of <u>Home and Community Based DT</u> using any PA procedure code for Home and Community Based DT until exhausted or end dated.
- You may submit claims for any type <u>Center Based DT</u> using any PA procedure code for Center Based DT until exhausted or end dated.
- The total combined weekly units prior authorized for Home and Community Based DT or Center Based DT will not change.
- All plan, programing and documentation requirements must align with services you are providing.

## Modifying Current Developmental Therapy Services on a Plan

Changes made to DT services currently on a participant's service plan through the current plan year will not require an addendum to be prior authorized by the Department. The Department will review the changes made to DT, during the participant's annual plan review process.

- Participants must choose to modify DD Plan services, and providers must continue to guide their practice with the requirements found in IDAPA 16.03.10 and 16.04.21 except for the following exceptions:
  - 1. The Department is not asking you to submit an addendum for prior authorization. Fill out the addendum form to keep in the participant file as documentation. Have it signed by the participant/guardian, agency and service coordinator. This form will highlight changes that occurred to DT on a participant plan and confirm the participant choice. It only needs to be submitted to the Department along with the participant's annual service plan for the annual clinical plan review process, or upon Department request.
  - 2. Through the end of a participant's current plan year, if the addendum form kept in the participant file is signed and reflects the participant choice to modify DT services, then a Person Centered Planning (PCP) meeting is not required in order to modify a DT service. All modifications will be reviewed by the Department during the participant's annual plan review process.

# **Adult DD Annual Individual Service Plan Requirements**

• For annual individual service plans <u>submitted</u> beginning July 1, 2011 (for October plans or later) plans must reflect the single procedure code and single blended rate for each of the two DT services. Providers must guide their practice using IDAPA 16.03.10, and 16.04.21.

### **Adult DD Procedure Codes**

Benefit	For current plans, combine weekly units and use these Procedure Codes until existing PA ends or is exhausted	New Rate for DOS Beginning 7/1/2011	Use these Procedure Codes for Submitting Annual Service Plans beginning 7/1/2011
Home and Community Based Developmental Therapy			
Individual	97537	\$3.34/unit	97537
Group	97537-HQ		
Center Based Developmental Therapy			
Individual	H2032	\$3.02/unit	H2032
Group	H2032-HQ		

If you have questions about the reimbursement changes for DT benefits, please contact the policy subject matter expert for the Bureau of Developmental Disabilities in the Division of Medicaid at DDProviderQuestions@dhw.idaho.gov or by phone at (208) 947-3364.